

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111
County Registrar No. 823
Local Registrar No. _____

No. 3313 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosalie Mora { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Sept. 2, 1926
Month Day Year

8. FATHER
Full name Jesus Mora
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Concepcion Sancedo
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Chihuahua
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living 2
(b) Born alive but now dead 4
(c) Stillborn _____ } 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11 P. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Beryl M. Brown M.D. (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report. _____ Filed Sept 5, 1926 G.E. Dinn
Month, day, year Local Registrar.

Registrar

Filed _____, 19____ County Registrar.

941-902-326